

Receipt

Attorney's Docket No. 9547-3

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re: Petruccelli et al.  
Appl. No.: 09/662,463  
Filed: September 15, 2000  
For: SYSTEMS, METHODS AND COMPUTER PROGRAM PRODUCTS FOR RECEIVING AND RESPONDING TO CUSTOMER REQUESTS FOR TRAVEL RELATED INFORMATION

November 15, 2000

Application Processing Division  
Customer Correction Branch  
Assistant Commissioner for Patents  
Washington, D.C. 20231

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FEB 01 2001  
Technology Center 2100

REQUEST FOR CORRECTED FILING RECEIPT

Sir:

In reviewing the Filing Receipt for the above referenced application, Applicant notes that an error appears as noted on the enclosed copy of the Filing Receipt. In particular, the title is incomplete.

Please correct the title to read:

---SYSTEMS, METHODS AND COMPUTER PROGRAM PRODUCTS FOR RECEIVING AND RESPONDING TO CUSTOMER REQUESTS FOR TRAVEL RELATED INFORMATION---

Applicant requests that a corrected Filing Receipt be issued.

Respectfully submitted,

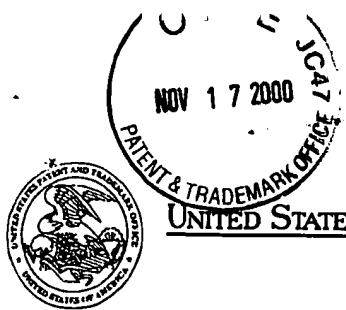
William R. Silverio  
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CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Application Processing Division, Customer Correction Branch, Assistant Commissioner For Patents, Washington, D.C. 20231, on November 15, 2000.

  
René J. Mathis



Alston &amp; Bird

NOV 9 2000

Page 1 of 3  
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## UNITED STATES PATENT AND TRADEMARK OFFICE

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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY.DOCKET.NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/662,463	09/15/2000	2161	876	9547-3	4	26	4

000826  
ALSTON & BIRD LLP  
P O DRAWER 34009  
CHARLOTTE, NC 28234-4009

## FILING RECEIPT



\*OC000000005526635\*

Date Mailed: 11/02/2000

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the PTO processes the reply to the Notice, the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

## Applicant(s)

Charles Petruccelli, Residence Not Provided;  
Julie Scharankov, Residence Not Provided;  
Jessica Zoob, Residence Not Provided;

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## Continuing Data as Claimed by Applicant

## Foreign Applications

Technology Center 2100

If Required, Foreign Filing License Granted 10/27/2000

## Title

Systems, methods and computer program products for receiving and responding to customer requests for travel related information

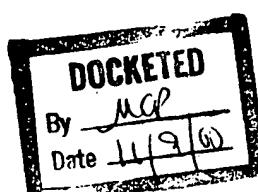
## Preliminary Class

705

Data entry by : BERHANE, MILEN

Team : OIPE

Date: 11/02/2000



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Bib Data Sheet

#5

SERIAL NUMBER 09/662,463	FILING DATE 09/15/2000 RULE _____	CLASS 705	GROUP ART UNIT 2161	ATTORNEY DOCKET NO. 9547-3
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**APPLICANTS**

Charles Petruccelli, Residence Not Provided;  
 Julie Scharankov, Residence Not Provided;  
 Jessica Zoob, Residence Not Provided;

**\*\* CONTINUING DATA \*\*\*\*\*****\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE****GRANTED \*\* 10/27/2000**

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance
Verified and Acknowledged	Examiner's Signature	Initials	STATE OR COUNTRY _____
			SHEETS DRAWING 4
			<b>TOTAL CLAIMS</b> 26
			<b>INDEPENDENT CLAIMS</b> 4

**ADDRESS**

000826

**TITLE**

Systems, methods and computer program products for receiving and responding to customer requests for travel related information

<b>FILING FEE RECEIVED</b> 876	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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